

Accelerating Progress, Sustaining Results

Fourth IHP+ Country Health Sector Teams Meeting
Nairobi, Kenya, 11-14 December 2012

MEETING REPORT

Introduction

The overall objective of the 4th IHP+ Country Health Sector Teams Meeting was to review and agree ways IHP+ can help accelerate better health results through greater development effectiveness in health. The meeting was attended by over 200 participants from 29 partner country governments plus development partners and civil society organizations (CSOs) (Annex 1). CSOs also held a pre-meeting¹.

Opening messages from WHO's Director General and the President of the World Bank emphasized that the meeting should deliver clear messages on ways to work more effectively together to achieve the MDGs by 2015, and that action would be taken by global health leaders. Discussions were underpinned by the shift from aid effectiveness to a more inclusive notion of effective development co-operation as reflected in Busan², that encompasses a wider range of actors; domestic as well as external resources; continued economic difficulties and associated risk aversion of many traditional donors; the 2015 MDG deadline and the emerging post 2015 development agenda. The meeting reviewed results so far, and achievements and challenges in core IHP+ areas: aligning behind one national health plan; in harmonizing and aligning with country systems and in moving to one country platform for information and accountability for results. The roles of national parliaments, of non-state actors including CSOs, and the potential for greater south-south collaboration in effective health development were discussed. The meeting identified key areas where action is needed at global as well as country level. Annex 2 has the full agenda³. A message from participants to IHP+ leaders was agreed (Annex 3).

Principal messages

- IHP+ has helped improve health development effectiveness but progress remains too slow. The renewed global political momentum behind IHP+ is much appreciated and needed.
- The link between development effectiveness in health, universal health coverage and better health results needs to be stronger and more explicit.
- Countries have moved further than development partners in putting IHP+ principles into practice. In many cases, real alignment with national health plans, and actual use of country systems that meet international standards, are still needed – this is key to accelerating progress and sustaining results.
- Domestic accountability for resources and results is essential to effective health development. Global accountability mechanisms are also still needed. Monitoring of health development effectiveness through IHP+ will be linked with monitoring of the Busan Partnership for Effective Development Cooperation.

¹ For a summary of the CS pre-meeting go to <http://www.internationalhealthpartnership.net/en/audiences/civil-society/>.

² <http://www.oecd.org/dac/aideffectiveness/fourthhighlevelforumonaideffectiveness.htm>

³ Background papers and session power points are on the IHP+ website:
<http://www.internationalhealthpartnership.net/en/>

Summary of discussions

Putting health development into practice: the results so far

This session reviewed progress to date against commitments in the IHP+ Global Compact and key bottlenecks (important areas with insufficient progress). It was based mainly on the IHP+Results 2012 performance report. That report found that, overall, countries have moved further than development partners, where progress has been disappointingly slow: only 3 of 12 agreed targets have been met by development partners. Key messages from discussions were:

- The positive messages in the report were reinforced: there has been progress by countries in developing health policy and health aid coordination frameworks (national health plans, compacts and monitoring frameworks), which development partners increasingly support.
- Important obstacles to progress remain: alignment behind one plan is still often in name only; country leadership could further improve, and would build confidence and trust; unpredictable funding and incomplete information on available resources remain significant problems; last but not least, use of country systems remains limited even where they meet international standards.
- Participants agreed that monitoring can be a useful tool for greater mutual accountability for results, if the findings are used. Better communication and discussion of findings is needed.

Increasing alignment behind one national health plan: the future of joint assessment (JANS)

The session briefly reviewed experience with joint assessment of national health strategies and plans (JANS) and the extent to which different objectives have been met. It then focused on two issues. First, how to better accommodate sub-sector/programme strategy assessments into a JANS, and work towards 'One JANS'. Second, how to better address different stakeholders' needs in relation to JANS. JANS have helped improve national plans, and ownership of those plans. Evidence that JANS have influenced development partner funding decisions is more limited; they have sometimes influenced modes of funding, and reduced transaction costs in a few cases. The limits of JANS were recognized – whatever the outcome, plan implementation will remain a challenge. There was agreement that: JANS principles are sound; the way a JANS is done affects its credibility; objectives, process and timing must be tailored to country context and agreed by the different players; if a health system is decentralized this needs to be factored into the way a JANS is done; more explicit follow-up is needed. Looking forward, key messages were:

- Use of JANS as a common assessment tool should be further facilitated. JANS will not completely replace agency specific funding decision-making processes, but it is valued by countries as a means of improving quality, confidence, credibility, coordination and dialogue on national health strategies.
- Any JANS should work in tandem with national planning processes, in which disease and other sub-sector program strategies are better integrated into the overall national plans and strategies.
- While there was broad agreement that ONE JANS is the preferred approach, important challenges towards this are: the different planning cycles of national programs, and of development partners (DPs), and the demand for more detailed information and analysis by some DPs. The approach would be helped by clearer understanding on what a JANS can and cannot do at global level.
- Although JANS has existed some years, greater awareness is still needed within development agencies, from headquarters to country-level, so that joint assessment gradually becomes part of their normal business practice.

Moving to one country platform for information and accountability

This session covered different dimensions of accountability for resources and results: the role of joint annual health reviews and of civil society, and progress in implementing one country-led M&E framework for a national health strategy. Participants reviewed self-assessments of national health sector accountability mechanisms done by country teams in COIA⁴ follow-up workshops in 2011/12. Key observations were that: joint annual reviews are definitely useful but could be more effective; there is no 'one size fits all' for a review, but there are common elements and experience on what makes a successful review; greater civil society engagement helps ensure more objectivity, highlights gaps and translate reviews into action. Country participants stressed that self-assessments conducted in the COIA workshops need to be corroborated locally by key national stakeholders where this has not already happened, so they can reinforce efforts to develop one country led M&E platform. As would be expected, there was variation across countries at the meeting in their priorities for action, but the most frequently identified were:

- Strengthen health information systems to obtain timely and reliable data for better sector management as well as for joint annual reviews;
- Improve the translation of review results into planning and action;
- Develop/ finalize a comprehensive M&E plan as part of the national health strategy;
- Strengthen the capacity for analysis and reporting;
- Improve joint annual reviews by greater involvement of civil society, parliamentarians
- Ensure better partner alignment and adherence with review and planning outcomes.

Harmonizing and aligning financial management arrangements

Recent work on financial management harmonization and alignment was outlined: the practical benefits; finalising an approach to joint financial management assessment, and developing approaches and standard elements of agreements on joint fiduciary arrangements, based on country experience. Key messages were:

- Financial management harmonization and alignment is important and can lead to substantial benefits for countries and for development partners. It includes joint financial management assessment and the subsequent steps towards joint fiduciary arrangements and ultimately alignment with sound country fiduciary systems.
- It is crucial to create a strong national financial management team and to get high level political support for implementation of the ensuing national action plan. It is important to include all key government players, e.g. Ministries of Finance, Planning and Local Government as relevant.
- Do not wait until the country system has been fully strengthened to start using it. Change will be gradual, and priorities will need to be set and reviewed, as not everything can be done at once. Development partners should engage early on and have the discipline to stay the course despite the difficulties. If they do not, the vicious circle of weak systems that remain weak because they are bypassed will continue. Governments and their development partners should invest in and as much as possible use, existing fiduciary systems as a means of strengthening and reforming them.
- Fiduciary harmonization issues are often not well understood, and there is a need for better communication and training both in countries and of their partners.

⁴ Commission on Information and Accountability for Women's and Children's Health

Finding practical solutions to mutual challenges through south-south collaboration

The session reviewed current experience with south-south collaboration, considered ways in which this type of technical co-operation could be increased through more systematic bilateral, regional and inter-regional sharing of experience, and the possible role of IHP+ in facilitating that. Several forms of collaboration already occur across IHP+ countries, for example in the initiation and implementation of compacts. There is also a wide range of experience in countries with theme-specific study tours, for example on health financing and health workforce issues, and with training programmes. Existing regional and technical platforms such as HHA, ECOWAS, ECSA in the African region; EVIPnet etc already help to communicate and identify experiences that are useful across countries, and their role could be strengthened. Looking forward, key messages were:

- It is time for accelerated, more structured action on multiple fronts to improve south-south collaboration. There are good practices to learn from in many countries.
- Communication needs to improve. Greater use could be made of information and communication technology (ICT) platforms for facilitating south-south collaboration.
- South-south collaboration should be demand-driven. Governments and other actors could more systematically identify strengths, weaknesses and priority areas for collaboration. Academia, NGOs and the private sector all have something to contribute to south-south learning.
- Don't reinvent the wheel. Existing platforms should be strengthened. Existing regional bodies and thematic networks could increase their role as facilitators of south-south collaboration.
- There is a role for IHP+. IHP+ should identify and support existing platforms. IHP+ can serve as a broker of knowledge and best practice in south-south collaboration, stimulate south-south collaboration in key IHP+ focus areas. New super-structures should be avoided.

Future approach to monitoring commitments to greater health development effectiveness and results through IHP+

This session involved a formal discussion by all IHP+ signatories on the proposed future approach to monitoring commitments and results through IHP+. The session discussed the proposed principles for the future approach; the core issues to be monitored, possible associated indicators, and next steps.

There was agreement that monitoring of health aid effectiveness through IHP+ has been a unique effort with considerable progress over the last three years. All agreed on the need to continue but adapt monitoring efforts in line with the approach being used by the Busan Partnership for Effective Development Co-operation. Agreement was reached on the principles for the future approach, subject to some limited rewording; on the six issues to be monitored and on the next steps. More work is needed on the precise indicators to be used to monitor the six issues. Follow up actions are:

- The amended principles and next steps will be circulated early January to all signatories
- Work on indicators for the six core issues will be followed up in early 2013 by the IHP+ Mutual Accountability Working Group, in consultation with those working on monitoring the Busan Partnership for Effective Development Cooperation.
- A revised set will be shared with all partners with the aim of finalising these in March 2013.

Other topics addressed in the hot topic market place

Procurement

This session noted the importance of quality procurement to improved service delivery, and the difficulties for countries of multiple procurement systems. It reviewed the limited data available on quality of national procurement systems, and their low use by partners. It discussed the relevance of work supported by IHP+ to harmonize standards for quality assurance of essential medicines procured with donor funds to the Commission on Life Saving Commodities for Women and Children, and the European Union's positive experience in harmonizing procurement procedures for all sectors in all member states, which could be replicated in other political unions. Key messages were: work on procurement across partners could be usefully consolidated; the convening power of IHP+ could be used to promote more engagement by DPs in harmonization and alignment of procurement systems and technical support; 'en route' to full alignment a pragmatic, mixed approach could improve the situation for countries, for example more harmonized standards and procedures; active investment in national procurement capacity, and timely information on opportunities created by global initiatives.

Costing and priority setting within sector strategies and plans

The session began with an overview of the strengths and weaknesses in priority setting and costing in national planning processes, and the 2008 review of existing costing tools, which led to the development of a unified tool to assist strategic planning and costing. The session then focused on the features of and country experience with the unified 'One Health' tool: its scope; user friendliness; data requirements, training and support arrangements. One clear message was that countries vary widely, and the tool has proved adaptable to different situations. Efforts will continue to expand the tool's scope, to increase capacity to use the tool, and to streamline technical support.

State and non-state actors partnering for better health outcomes

Non State Actors (NSA), including Faith Based Organizations, Civil Society and Private Commercial Organizations, provide up to 70% of health services in Africa and Asia, to rich and poor alike, but oversight of these providers is often very limited. The session reviewed experience among IHP+ partners with ways in which governments and non-state actors work together to achieve better health outcomes. There was a wide range of experience from the ad hoc to more formalized arrangements: in some countries non-state actors have formed associations to reduce fragmentation and bring a broad, yet unified voice into relationships with government. Experience shows that an effective working relationship has the potential to strengthen health systems. The main messages were that all key health system actors, state and non-state, should be included in national health plans and planning exercises; effective government stewardship is vital for productive partnership; a clear understanding of the roles of each actor is needed, as are partnership models that enhance the comparative advantage of the different actors; there is potential and appetite for south-south learning between IHP+ partners on this topic; partnerships with non-state actors beyond CSOs⁵ must be encouraged.

⁵ Including healthcare providers, drug manufacturers; professional associations; non-health sector actors likely to play a key role in improving health system performance - financial institutions, telecommunications companies etc.

Overall messages, implications and next steps for IHP+ partners

There was appreciation for the renewed political momentum behind IHP+ by global health leaders, given that progress remains slow, especially among development partners. There was support for an increased focus on results; participants also emphasized that this should build on agreed and proven IHP+ processes. Altogether there was a strong message that there is now a solid platform of experience from which to accelerate efforts to achieve the health MDGs through more effective development cooperation, which will also be essential to making progress towards Universal Health Coverage. IHP+ should remain an open and inclusive partnership. The IHP+ approach can be intensified in current partner countries, and it could gradually become the business model in countries with many development partners, whether or not they are IHP+ signatories. The question was raised about the future scope for IHP+, and support was expressed for expanding its current scope of work. A wider range of actors in the national health development agenda, and in particular parliamentarians, CSOs and other non-state actors should be encouraged to contribute to the core business of IHP+ and to advocate for greater alignment with one plan, use of harmonized fiduciary management systems, and one information and accountability platform. The need for 'capacity building' across a range of actors and systems was repeatedly mentioned as essential for effective health development; there is a need to be clearer what should be done, and by IHP+ in particular. There was consensus that the IHP+ Core team should take a more proactive and systematic approach to creating explicit links between IHP+ and the various global health initiatives, as has happened with the Commission on Information and Accountability for Women's and Children's Health, with better communication of the links between development effectiveness and results. In addition, it should find ways to facilitate more structured south-south collaboration, taking account of existing regional networks.

In summary, the fourth IHP+ country teams meeting, attended by participants from 29 partner countries, CSOs and development agencies identified the following four priorities to enhance the effectiveness of the partnership:

- **Better alignment for better results:** greater emphasis on the link between the implementation of IHP+ principles and achievement of sustainable results.
- **Continue and strengthen activities in three core areas:** greater alignment with one national health plan; more unified financial management/procurement arrangements; and one platform for monitoring and accountability for results.
- **IHP+ country actions** should focus on continuing to improve quality and inclusiveness of health policy dialogue, joint assessment and compact processes; increasingly aligned fiduciary management arrangements; greater domestic accountability for results through national institutions, CSOs, and reviews using one monitoring and accountability platform; more south-south collaboration with better communication and documentation of experience.
- **IHP+ global actions** should focus on reinforcing links with the Busan Partnership for Effective Development Co-operation; encourage global health initiatives to use the IHP+ approach and collaborate on topics of common interest; improve links between development effectiveness, Universal Health Coverage and health results.

Success with this agenda depends on action by all signatories. An updated programme of work and deliverables, based on priorities and actions agreed in Nairobi, will be shared by the IHP+ Core Team with all signatories, and also with other interested actors.

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Fourth IHP+ Country Health Sector Teams Meeting Accelerating progress, sustaining results

11-14 December 2012

Nairobi, Kenya

AGENDA

Meeting objectives

To agree ways in which IHP+ can accelerate better health results through greater health development effectiveness. The meeting will:

- Analyse progress in aligning behind one health plan; one budget and in aligning with country systems
- Identify obstacles and incentives to improve harmonization and alignment, and action needed in the next two years to accelerate progress and results.
- Agree on future IHP+ approaches to increase mutual accountability for results

Tuesday December 11, 2012

From 14.00	Registration: Main lobby of hotel
18.00	<p>Opening ceremony</p> <p>Welcome remarks by</p> <ul style="list-style-type: none"> - The Honorable Beth Mugo, Minister of Public Health and Sanitation, Kenya - Custodia Mandlhate, WHO Representative Kenya - Johannes Zutt, World Bank Country Director Kenya <p>Facilitators: Nana Enyimayew / Carolyn Reynolds Room: Pavilion Ballroom</p>
18.30-19.45	<p>Keynote panel: Accelerating progress, sustaining results: what needs more global action?</p> <p>Objective: To stimulate debate from different perspectives on ways to accelerate progress with making health development more effective and getting results; where more or different action is needed.</p> <p>Panelists:</p> <ul style="list-style-type: none"> - Mark Bor, Permanent Secretary, Ministry of Public Health & Sanitation, Kenya - Martin Chungong, Deputy Secretary-General, Inter-Parliamentary Union - Teguest Guerma; Director-General, African Medical and Research Foundation (AMREF) - Valère Goyito; Secretary General, Ministry of Health, Benin - Paul Fife, Director, Department of Global Health, Education and Research, Norwegian Agency for Development Cooperation (NORAD) - Geeta Rao Gupta, Deputy Executive Director, UNICEF <p>Moderator: Andrew Cassels, Director, Strategy, Office of the Director-General, WHO Room: Pavilion Ballroom</p>
20.00	Welcome dinner for all participants - Palm Gardens

Wednesday December 12, 2010 - Day 1

08.30	<p>Welcome: introductions, housekeeping and meeting objectives Facilitators: Nana Enyimayew / Carolyn Reynolds Room: Pavilion Ballroom</p>
09.00 -10.00	<p>Session 1: Setting the scene Chair: Mamadou Samba, Director, Ministry of Health, Côte d'Ivoire</p> <p>a) IHP+ in context</p> <ul style="list-style-type: none"> - Marie Paule Kieny, Assistant Director-General for Health Systems and Innovation, WHO - Nicole Klingen, Acting Director, Health, Nutrition and Population, World Bank <p>b) Overview of IHP+ actions to promote alignment behind one plan</p> <ul style="list-style-type: none"> - Phyllida Travis (WHO) and Finn Schleimann (World Bank), IHP+ Core Team <p>Facilitators: Nana Enyimayew / Carolyn Reynolds Room: Pavilion Ballroom</p>
10.00-10.30	<p>Coffee/Tea Break</p>
10.30 -12.00	<p>Session 2: Putting health development effectiveness into practice: the results so far Objective: Review progress against commitments, identify important areas with persistent 'bottlenecks'; identify ways to better communicate these bottlenecks to people that can take action</p> <p>Chair: Kisito Daoh, Chief Medical Office, Ministry of Health, Sierra Leone Group presenters: Benin, Burundi; Ethiopia, Nigeria; UK; European Commission; UNAIDS; UNICEF Speaker in plenary: Tim Shorten Facilitators: Nana Enyimayew / Carolyn Reynolds Room: Pavilion Ballroom</p>
12.00-13.30	<p>Meeting photograph Lunch - Nyama Choma Ranch</p>
13.30 -15.30	<p>Session 3: Increasing alignment behind one national health plan: the future of joint assessment (JANS) Objectives:</p> <ol style="list-style-type: none"> 1. Share lessons on: <ul style="list-style-type: none"> • benefits of JANS to date, and how it met different objectives; • emerging challenges, and actions being taken to address these. 2. Come up with suggestions on ways to: <ul style="list-style-type: none"> • address different stakeholders' technical assessment needs for funding decisions (countries and agencies) through JANS, • embed joint assessment in country and agency processes, • increase synergy between sector and program planning, and assessment exercises. <p>Chair: Salif Samake, Director of Planning and Statistics, Ministry of Health, Mali Speakers:</p> <ul style="list-style-type: none"> - Abebe Alebachew, Consultant, Ethiopia - Imad Kayona, Global Health International Coordinator, Ministry of Health, Sudan - Martin Taylor, Health Policy Specialist, Mannion Daniels <p>Room: Pavilion Ballroom</p>

15.30-16.00	Coffee/tea break
16.00-17.30	<p>Session 4: Moving to one country platform for information and accountability</p> <p>Objectives</p> <ul style="list-style-type: none"> • Discuss the current situation regarding country platform for information and accountability to inform progress and performance of the national health strategy • Review highlights of the country self-assessments on accountability for health, conducted in the last year • Share the findings of a review of one of the principal accountability processes, joint health sector reviews. • Discuss the role of development partners in support of a single country platform for information and accountability – and define ways to accelerate progress. <p>Chair: Sarah Byakika, Assistant Commissioner Health Services, Quality Assurance, Ministry of Health, Uganda</p> <p>Plenary speakers:</p> <ul style="list-style-type: none"> - Leo Devillé, CEO, HERA, Belgium - Lola Dare, CEO, Centre for Health Sciences Training & Development (CHESTRAD) - Ties Boerma, Director, Health Statistics and Information, WHO <p>Facilitators: Nana Enyimayew / Carolyn Reynolds</p> <p>Room: Pavilion Ballroom</p>
17.30	Wrap up of the day
17.45-18.30	Civil society organizations meeting with IHP+ CSO representatives – by invitation Room: Ivory Lounge
18.30	Reception - Mamta Poolside

Thursday December 13, 2012 - Day 2

07.30-08.15	<p>Breakfast briefing on the Global Fund's new funding model</p> <p>Speaker: Johannes Hunger, Senior Manager, Strategy & Policy Team, Global Fund</p> <p>Room: Pavilion Ballroom</p>
08.30-09.00	<p>Session 5: Recap Day 1 and scene setting Day 2:</p> <p>Chairs of Day 1 summarise issues and recommendations from the first day (5 min each).</p> <p>Room: Pavilion Ballroom</p>
09.00-10.00	<p>Session 6: Harmonizing and aligning financial management arrangements</p> <p>Objective: Present progress on financial management harmonization; share country experience and identify challenges to harmonization at country level.</p> <p>Chair: Walter Seidel, Head of Health Sector, European Commission</p> <p>Plenary speakers:</p> <ul style="list-style-type: none"> - Sorie Kamara, Ministry of Health, Sierra Leone - Jean Charles Kra, Senior Financial Specialist, GAVI Alliance - Johannes Hunger, Global Fund - Iraj Talai, World Bank <p>Facilitators: Carolyn Reynolds</p> <p>Room: Pavilion Ballroom</p>
10.00-10.30	Coffee/Tea Break

10.30-12.00	<p>Session 7: Future approach to monitoring commitments to greater health development effectiveness and results through IHP+</p> <p>Objective: For IHP+ signatories to agree on the main principles of the future approach to monitoring commitments and results through IHP+.</p> <p>Chairs: Ties Boerma, Director, Health Statistics and Information, WHO, and Nicole Klingen, Acting Director, Health, Nutrition and Population, World Bank</p> <p>Room: Pavilion Ballroom</p>
12:00-13.30	Lunch - Nyama Choma Ranch
13.30-15.30	<p>Session 8: Turning momentum into real reform: how to improve cooperation and get better results</p> <p>Objective: To discuss how proposed actions to overcome the most important bottlenecks can be taken forward after Nairobi, and draft initial recommendations.</p> <p>Chair: Andrew Cassels, Director, Strategy, Office of the Director-General, WHO</p> <p>Plenary panelists: TBC</p> <p>Room: Pavilion Ballroom</p>
15.30-16.00	Coffee/Tea Break
16.00-17.30	<p>Session 9: Hot Topic Market Place 4 parallel sessions on topical issues:</p> <p>9a) Procurement Chair: Ian Pett, UNICEF. Room: Pavilion Ballroom</p> <p>9b) Next steps on financial management harmonization Chair: Bakhuti Shengalia, GAVI Room: Bogoria</p> <p>9c) Costing and priority setting within sector strategies Chair: Dr Amadou Ba, Senegal Room: Mt..Kenya A&B</p> <p>9d) State and non-state actors partnering for better health outcomes Chair: Rogers Enyaku, Uganda Room: Ivory Lounge</p> <p>Rooms: to be confirmed</p>
17.30	Wrap up and tasks for day 3

Friday December 14, 2012 - Day 3

08.30- 09.00	<p>Session 10: Recap day 2 and scene setting day 3</p> <p>Day 2 session chairs</p> <p>Facilitators: Nana Enyimayew / Carolyn Reynolds</p> <p>Room: Pavilion Ballroom</p>
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09.00-10.30	<p>Session 11: Finding practical solutions to mutual challenges through South-South collaboration</p> <p>Objective: Identify ways to accelerate more systematic bilateral/regional sharing of experience and IHP+ role in facilitating that.</p> <p>Chair: Mette Kjaer, Head of Programme Management, AMREF</p> <p>Panelists:</p> <ul style="list-style-type: none"> - Salif Samake, Director of Planning and Statistics, Ministry of Health, Mali - Bokar Toure, Director of Health Systems Strengthening, WHO African Regional Office. TBC <p>Facilitators: Nana Enyimayew / Carolyn Reynolds</p> <p>Room: Pavilion Ballroom</p>
10.30-11.00	<p>Coffee</p>
11.00-12.30	<p>Session 12: Looking ahead: Refining the messages to heads of agencies and heads of governments, and what we will do differently ourselves.</p> <p>Objective: Finalize recommendations from this meeting to heads of agencies and heads of government on how to implement commitments and accelerate results.</p> <p>Chairs: TBC</p> <p>Room: Pavilion Ballroom</p>
12.30-13.00	<p>Close</p> <p>Final reflections, call to action and next steps</p> <p>Closing remarks: Prof. Anyang' Nyong'o, Minister for Medical Services, Kenya</p>
13.00	<p>Lunch - Nyama Choma Ranch</p>

**Message to International Health Partnership+ (IHP+) Leaders
From Participants in the Fourth Annual IHP+ Country Health Teams Meeting
Nairobi, Kenya, December 2012**

More than 200 representatives of 29 country governments, Development Partners (DPs), and civil society organizations (CSOs) met in Nairobi 11-14 December 2012 to analyze progress through IHP+ in improving development effectiveness in health and to identify obstacles, incentives, and actions required to accelerate progress for better health results. Country teams were a mix of government (47%, mainly MOH but also MOF); national CSOs (23%) and DPs (30%).

Participants very much appreciated the renewed global political momentum behind IHP+. They also emphasized the contributions that IHP+ has made to improving development effectiveness in health since its launch five years ago, despite the continued global economic crisis. The number of countries signing the IHP+ global compact has increased four-fold, indicative of strong and growing country ownership. IHP+ was recognized as having promoted stronger country-led health decision-making, and many countries reported that the partnership had helped them build a coalition of support around their national health plans. IHP+ was credited with putting health ahead of other sectors in implementing development effectiveness principles. It will be the main vehicle for carrying forward the Busan Partnership in health, thereby contributing to achieving the health Millennium Development Goals (MDGs) by 2015 and the post-2015 development agenda. However, there was also disappointment that progress remains too slow. The 2012 IHP+Results report found that DPs have met only 3 of 12 agreed development effectiveness targets.

Participants identified some critical areas where more and faster progress is needed – and where urgent action is required by leaders at both global and country levels. The key messages were:

- **Strengthen the links between development effectiveness, universal health coverage, and better health results.** Encourage global health initiatives to use the IHP+ approach: putting the development effectiveness principles embodied by IHP+ into practice will enable health programmes and initiatives to achieve the desired results in a more rapid and sustained way. The focus should be on contribution to results rather than attribution.
- **Sustain the explicit emphasis on country leadership and achieve real alignment with national health strategies and plans.** There has been progress but more is needed. In many cases, alignment is still in name only. Countries urged DPs to: participate in the elaboration of their national health sector plans; to then really align with defined priorities; for external as well as domestic expenditures to be recorded in country budgets, and to adjust to country budget and planning cycles. Policy frameworks and tools developed through IHP+, such as the Country Compacts, Joint Assessment of National Strategies (JANS), and common Monitoring and Evaluation frameworks were found to be useful ways to improve policy dialogue, quality and partner confidence, and should be given greater priority and support.

- **Increase use of country procurement and financial management systems.** The IHP+Results Report shows that even country systems that meet international standards are not being used by all DPs. But participants stressed that country systems will only be strengthened if they are used: the risks of doing so must be managed, but should not be an insurmountable obstacle. Changing policies and practices to align with country systems may require action beyond the health sector, and DPs should actively help to strengthen country systems.
- **Respond more effectively to demands for government and CSO capacity strengthening.** The need for assistance to strengthen government capacity in a wide range of areas was clearly identified, including better quality assessments, better data, financial management and procurement systems, and human resource development. CSOs requested more support to enhance their meaningful engagement in health policy at country and global level. There is a need to be clearer on what this all means in practice, and here IHP+ could play a useful role.
- **Intensify efforts toward greater mutual accountability.** Greater domestic accountability is essential to more effective health development and results, for example through parliaments and CSOs. Participants felt that DPs should be held accountable along with governments during joint annual health reviews. Annual reviews will also be more effective if they include active participation of government stakeholders beyond Ministries of Health, as well as CSOs and the private sector. There was a call for continued global as well as national accountability mechanisms, and to reinforce IHP+ links with the post-Busan monitoring process.
- **Enable greater South-South collaboration.** There is growing country experience on ways of working with multiple partners to achieve better health results. There was a call for action by IHP+ to foster more structured south–south collaboration, including through existing regional and inter-regional platforms.
- **Improve consistency of messages that better alignment gets better results across all levels and forums.** DPs need to ensure greater consistency in their communications between headquarters and country level staff, and also on the boards of different global health initiatives, so that the many DPs and Global Health Initiatives better align with country strategies.

IHP+ has proven an excellent platform for national policy dialogue and engagement among key stakeholders from government, civil society, private sector and international partners, in the health sector and beyond. This platform is well-placed to help countries accelerate their efforts to achieve the health MDGs and to shape the post-2015 agenda for health and development.

Going forward, in countries where IHP+ principles have taken hold, it is urgent that all major players now deepen their efforts to put these principles fully into practice – at national and at sub-national levels. In countries that are not IHP+ signatories, the IHP+ principles and approaches can nevertheless be introduced and should gradually become the normal way of doing business.

At this 5-year mark, participants stressed the importance of having both country and DP leaders send strong messages to their teams to recommit their support for implementing IHP+ principles, and taking concrete steps to address the identified bottlenecks in order to achieve more effective health programs and better health results, to accelerate progress to 2015 and beyond.